

**Catastrophic Personal Illness/Injury Bank  
Contribution Form**

*(Any election made on this sheet will take effect on September 1<sup>st</sup>)*

Date \_\_\_\_\_

Name \_\_\_\_\_

Hire Date (MM/YYYY) \_\_\_\_\_

**Participating:**

I wish to contribute 1 day (2 days for employees in the first two years of participation) to the Catastrophic Personal Illness/Injury Bank. I understand that my contribution to the bank allows me to become eligible for the benefits outlined in the Catastrophic Personal Illness/Injury Leave Bank Policy. I also understand that my participation will be ongoing from year to year unless I notify the Business Manager in writing on or before August 31st of my desire to discontinue with the program by completing a new form declining participation.

\_\_\_\_\_  
Employee Signature

\*\*\*\*\*

**Not Participating:**

I wish to decline participation in the Catastrophic Personal Illness/Injury Bank

\_\_\_\_\_  
Employee Signature

\*\*\*\*\*

Each year you have the  
option to change your election for the program  
by completing a new form however,  
all catastrophic contribution forms must be  
received in the District Office by **August 31<sup>st</sup>** or  
previous year's selection  
applies.